



Small Business Assistance Program

Colorado Department of Public Health and Environment
www.cdphe.state.co.us/ap/sbap/index.html

DRY CLEANER Air Permit Application Packet

All perchlorethylene (perc) dry cleaners in Colorado must obtain an **air permit** from the Air Pollution Control Division (APCD) at the Colorado Department of Public Health and Environment (CDPHE). This Dry Cleaner Air Permit Application Packet includes all the forms a business owner will need to begin the air permitting process at a new dry cleaning facility or to make changes to a permit at an existing facility.

Air emission reporting and permitting forms are downloadable at www.cdphe.state.co.us/ap/downloadforms.html. Additional information regarding Colorado air quality rules for dry cleaners is available through the Small Business Assistance (SBAP) Resource Library at www.cdphe.state.co.us/ap/stationarylibrary.html. The Hazardous Waste Notification form is available online at www.cdphe.state.co.us/hm/notification.htm.

➤ AIR POLLUTION EMISSION NOTICE (APEN)

This form is required every time you report a new or existing facility, transfer ownership of a facility, update an APEN (updated APENs are due every five years), report process modifications such as changes in the type or quantity of solvent used or changes in equipment, or request a modification to a permit. A filing fee of \$152.90 must be submitted with every completed APEN form. ** Note that permits are issued for the “requested permit limit for solvent” provided on the APEN form. Please consider this when completing your application and allow room for future growth.

The following forms may be required in addition to the APEN forms:

➤ TRANSFER OF OWNERSHIP AGREEMENT FORM

Submit this form with the APEN form and any supplemental forms (see below), and filing fee(s) to obtain a permit for a source that has changed ownership. Transfer of ownership of the air permit can save the new owner a portion of the fees required to obtain a new air permit. An air permit can only be transferred to the new owner if the air permit from the previous owner is active and annual air permitting fees are up to date.

➤ NOTIFICATION AND COMPLIANCE REPORT FOR CONTROL EQUIPMENT

The Notification and Compliance Report form is used to notify state and federal regulators of dry cleaning activities using perchloroethylene. This form must be submitted when requesting a new permit or

for transfer of an existing permit. This form is not required for administrative changes (such as name changes) or for routine five-year APEN updates.

➤ **COLORADO HAZARDOUS WASTE NOTIFICATION FORM**

This form is used to notify state and federal regulators of hazardous waste activities using perchloroethylene, Stoddard solvents and other regulated hazardous wastes. This form must be submitted when purchasing a new or existing dry cleaning facility that generates hazardous waste. An EPA identification number is assigned for each plant site or facility. If the person has more than one facility that manages hazardous waste, a Colorado Notification Form must be completed for each facility and a unique number will be assigned to each site.

➤ **SMALL BUSINESS ASSISTANCE PROGRAM**

The Small Business Assistance Program (SBAP) is available to answer questions you may have regarding environmental issues at your facility. The SBAP can help you understand the regulations, help you determine what your company has to do to be in compliance, help you file required forms, help you complete the APEN process (if required), help you calculate your emissions, or provide information by presenting a workshop for your company or for your industry. Our services are free and confidential.

Small Business Assistance Program
Colorado Department of Public Health and Environment

Home Page: www.cdphe.state.co.us/ap/sbap/index.html

Program Contacts:
(303) 692-3175 or (303) 692-3148



Colorado Department
of Public Health
and Environment

-DRY CLEANER-
Air Pollutant Emission Notice (APEN) – and – Application for Construction Permit

☐ New Facility ☐ No Change, APEN Update Only ☐ Transfer of Ownership * ☐ Request a Modification to Existing Permit
☐ Change in Equipment ☐ Change in Solvent Use ☐ Change Company Name ☐ Change in Solvent Use for Inventory Purposes Only

All sections of this APEN and application must be completed prior to submittal to the Division for both new and existing facilities. An application with missing information may be determined incomplete and may result in longer engineer processing times.

For all new perc facilities and modifications to existing permits, the applicant shall submit a Notification and Compliance Report form with this application.

* For transfer of ownership, you must also submit a Transfer of Ownership Agreement form or a copy of the bill of sale or proof of transfer of ownership.

Permit Number _____ **AIRS Number** _____

Company Name: _____

Plant Location: _____ County: _____

Plant Zip Code: _____

Billing Address: _____ Billing Zip Code: _____

Person to Contact: _____ Phone Number: _____

E-Mail Address: _____ Fax Number: _____

Is this facility owned or managed by another company or corporation? _____ Yes / No

If YES, provide name of company and mailing address: _____

SECTION 1 EQUIPMENT INFORMATION

Dry-to-Dry Units:

List Make, Model, Serial Number, and Date of Installation for **ALL** Dry-to-Dry units operating at this location.

	<u>Make</u>	<u>Model</u>	<u>Serial</u>	<u>Date of Installation</u>
Machine #1	_____	_____	_____	_____
Machine #2	_____	_____	_____	_____
Machine #3	_____	_____	_____	_____

Do any of these units vent directly to the outside? _____ If so which ones? _____

Transfer Type Washers:

List Make, Model, Serial Number, and Date of Installation for **ALL** Transfer Type Washers operating at this location.

	<u>Make</u>	<u>Model</u>	<u>Serial</u>	<u>Date of Installation</u>
Machine #1	_____	_____	_____	_____
Machine #2	_____	_____	_____	_____
Machine #3	_____	_____	_____	_____

Do any of these units vent directly to the outside? _____ If so which ones? _____

Dryers (not part of dry-to-dry unit):

List Make, Model, Serial Number, and Date of Installation for **ALL** dryers operating at this location.

	<u>Make</u>	<u>Model</u>	<u>Serial No</u>	<u>Date of Installation</u>
Machine #1	_____	_____	_____	_____
Machine #2	_____	_____	_____	_____
Machine #3	_____	_____	_____	_____

Total manufacturer's rated dryer capacity of petroleum solvent dryers: _____ Pounds

Total manufacturer's rated dryer capacity is the summation of each petroleum solvent dryer's capacity

Do any of these units vent directly to the outside? _____ If so which ones? _____

SECTION 2 SOLVENT INFORMATION

Type and Quantity

Check one:

☐ PERC ☐ Petroleum ☐ Fluorocarbon ☐ Other (explain): _____

Maximum amount of solvent purchased each year? _____ Gallons Data Year: _____

Requested permit limit for solvent (allow for
company growth for this limit)? _____ Gallons

Solvent Recovery

Check which methods are used:

☐ Sniffer (Carbon Absorber) Which Machines? _____

Age of Sniffer: _____ years.

Is the entire dryer exhaust vented through the sniffer? _____

☐ Cartridge Filters

Do you cook / strip the filters? _____

How many filters are disposed of yearly? _____

☐ Refrigeration Recovery Which Machines? _____

☐ Spin Disk Filtration Which Machines? _____

☐ Distillation Which Machines? _____

☐ Carbon Tower Which Machines? _____

☐ Other (Please explain): _____

Title

Small Business Ombudsman
(303) 692-2135

TRANSFER OF OWNERSHIP AGREEMENT Construction Permits and/or Air Pollution Emission Notices

This agreement must be submitted to the Colorado Department of Public Health and Environment Air Pollution Control Division along with an *Air Pollution Emission Notice (APEN)* for each individual emission point to be transferred.

I, (former permit holder) _____, as responsible party for emission source:
(facility name) _____, located
at: (address) _____ (city) _____
and operated under Construction (or Emission) Permit(s) # _____,
have sold the business associated with the construction permit(s). I hereby agree to transfer said permit(s)
to: (new permit holder) _____
_____.

The transfer of the Permit(s) is effective as of (date): _____.

Transfer of the Permit(s) conveys to the new owner all responsibility, coverage and liability associated with the permit(s). Submission of the Transfer of Ownership Agreement without a request for permit modification implies that no change is contemplated which would constitute a new or modified air pollution source.

Signed (former permit holder) _____ date: _____

Signed (new permit holder) _____ date: _____

PERCHLOROETHYLENE DRY CLEANER NOTIFICATION AND COMPLIANCE REPORT FORM

Print or type the following for each separately located dry cleaning facility. The owner of more than one facility must complete a separate form for each facility.

Air Permit Number _____ **AIRS ID Number** _____

Company Name: _____ County: _____

Plant Location: _____ Zip Code: _____

Billing Address: _____ Billing Zip Code: _____

Person to Contact: _____ Phone Number: _____

E-Mail Address: _____ Fax Number: _____

Is this facility owned or managed by another company or corporation? Yes / No

If YES, provide name of company and mailing address:

A. Quantity of Perchloroethylene (Perc) purchased each year

1. For facilities in operation for more than one year, indicate the total amount of Perc purchased over the previous 12 months.

_____ gallons per year

2. For new facilities or facilities without available purchase records, indicate the amount of Perc purchased to date.

_____ gallons were purchased over the past _____ months

Note: Facilities that purchase 2100 gallons or less of Perc each year are considered an Area Source for air permitting purposes.
Facilities that purchase more than 2100 gallons of Perc each year are considered a Major Source.

B. Control Equipment

Fill out the table below for each machine at your facility:

	Machine Type	Date Machine Installed	Required Control	Date Control Installed
1	<input type="checkbox"/> Dry-to-Dry <input type="checkbox"/> Transfer		<input type="checkbox"/> Refrigerated Condenser <input type="checkbox"/> Primary Carbon Adsorber <input type="checkbox"/> Supplemental Carbon Adsorber <input type="checkbox"/> No Control Required	
2	<input type="checkbox"/> Dry-to-Dry <input type="checkbox"/> Transfer		<input type="checkbox"/> Refrigerated Condenser <input type="checkbox"/> Primary Carbon Adsorber <input type="checkbox"/> Supplemental Carbon Adsorber <input type="checkbox"/> No Control Required	

	Machine Type	Date Machine Installed	Required Control	Date Control Installed
3	<input type="checkbox"/> Dry-to-Dry		<input type="checkbox"/> Refrigerated Condenser	

<input type="checkbox"/> Transfer	<input type="checkbox"/> Primary Carbon Adsorber <input type="checkbox"/> Supplemental Carbon Adsorber <input type="checkbox"/> No Control Required
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C. Plant Location

The dry cleaning plant listed in this report is located in a building with a residence(s) (even if the residence is vacant at the time of this notification).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: A residence means any dwelling or housing in which people reside excluding short-term housing such as a hotel or motel room.	
The dry cleaning plant listed in this report is located in a building with no other tenants, leased space, or owner occupants.	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Responsible Official Signature

The Responsible Official must certify below that all of the information presented in this initial report is accurate and true.

I certify that the information contained in this report to be accurate and true to the best of my knowledge and that this plant is in compliance with all applicable control device, monitoring, and recordkeeping requirements for dry cleaning equipment listed in this report.

Signature of a Responsible Official (not a vendor or consultant)

Date

Name (please print)


Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- an owner or manager of the dry cleaning plant,
- a government official if the dry cleaning plan is owned by the Federal, State, City, or County government,
- A ranking military officer if the dry cleaning plant is located at a military base.

Send completed form(s) to: **Colorado Department of Public Health and Environment (CDPHE)**
4300 Cherry Creek Drive, South
APCD/SS/B-1
Denver, CO 80246-1530

Contact the Small Business Assistance Program (SBAP) for assistance completing this form or for additional information regarding regulatory or recordkeeping requirements for Colorado dry cleaning facilities. SBAP services are free and confidential. Please call: 303-692-3175 or 303-692-3148.

MAIL FORM TO: CDPHE HMWMD-B2 4300 Cherry Creek Dr. S. Denver, CO 80246-1530	COLORADO HAZARDOUS WASTE NOTIFICATION FORM Replaces EPA Form 8700-12, 8700-13A/B, and Page 1 of 8700-23	 Colorado Department of Public Health and Environment
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1. Reason for Submittal: (Mark 'X' in the appropriate boxes)

☐ Initial notification and obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities.
☐ Subsequent notification to update information (**Sec. 2-6 and 10 must be completed**).
☐ Initial or Revised RCRA Hazardous Waste Part A Permit Application (Page 3-7 of 8700-23 must also be submitted).
☐ Component of a biennial Hazardous Waste Report and a subsequent notification.

2. Site EPA ID Number:	County Name:
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3. Site Legal Name/Operator:

4. Site Location Information: Street Address:

City or Town:	State: CO	Zip Code:
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5. Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other
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6. North American Industry Classification System (NAICS) Code(s) for the Site:	A.	B.	C.
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7. Site Mailing Address Same as ☐ Location Street Address:

City or Town:	State:	Zip Code:
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8. Site Contact Person	First Name:	MI:	Last Name:
Job Title:		Phone Number:	Extension:

Address same as ☐ Location ☐ Mailing

Street Address:

City or Town:	State:	Zip Code:
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E-mail Address:

9. Name of Site's Owner:	Phone Number:
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Address same as ☐ Location ☐ Mailing ☐ Contact

City or Town:	State:	Zip Code:
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Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes for all current activities in Sections 10. A-C).

A. Hazardous Waste Activities For Items 2 through 7, check all that apply:

1. Generator of Hazardous Waste (choose only one)

☐ a. **LQG:** Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
☐ **b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or**
☐ c. **CESQG:** Less than 100 kg/mo of non-acute hazardous waste

If Generator above, indicate other generator activities in 2-4. (check all that apply)

2. Short Term Generator Provide explanation in Comments Section.

☐ a. Episodic Generation ☐ four or more months in a calendar year or ☐ less than four months in a calendar year.
☐ b. One-Time Generation/short term event less than four months.
 Note: If One-Time Generation is four or more months do not use Section 10.A.2 (Update Notification Section 10.A.1. when one-time generation is completed).

☐ **3. United States Importer of Hazardous Waste**

☐ **4. Mixed Waste Generator** (hazardous and radioactive)

A. Hazardous Waste Activities (continued)

- ☐ 5. **Transporter of Hazardous Waste**
- ☐ 6. **Hazardous Waste Transfer Facility**
- ☐ 7. **Treater, Storer, or Disposer of Hazardous Waste requiring a hazardous waste Part A permit for this activity.**
- ☐ 8. **Recycler of Hazardous Waste**
Note: A hazardous waste permit may be required for this activity.
- 9. Exempt Boiler and/or Industrial Furnace**
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 10. **Underground Injection Control**

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste
Indicate types of universal waste generated and/or consolidated at your site. Mark Consolidate if received from other Universal Waste Handlers. (check all boxes that apply):

	<u>Generate</u>	<u>Consolidate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury-containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Aerosol Cans	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic Devices and/or Components	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ 2. **Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (check all boxes that apply):

- 1. Used Oil Transporter** ☐ a. Transporter ☐ b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner** ☐ a. Processor ☐ b. Re-refiner
- ☐ 3. **Off-Specification Used Oil Burner** ☐ 5. **Used Oil Collection Center**
- 4. Used Oil Fuel Marketer** ☐ a. Marketer Who Directs Shipment of Off-Spec. Used Oil to an Off-Spec. Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes List waste codes of the hazardous wastes handled at your site. List in order presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if needed.

Ignitable (D001) ☐ Corrosive (D002) ☐ Reactive (D003) ☐ Toxic ☐ (List specific codes below)

12. Comments

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed

